SOUTH DAKOTA BOARD OF NURSING

SOUTH DAKOTA DEPARTMENT OF HEALTH
4305 S. Louise Avenue Suite 201 ♦ Sioux Falls, SD 57106-3115
(605) 362-2760 ♦ FAX: 362-2768 ♦ doh.sd.gov/boards/nursing

RN EXAMINATION APPLICATION

There are separate forms and three separate fees that you must submit to start the examination process:

1. SD Board of Nursing Application for Registered Nurse Licensure by Examination (below):
   $100 fee payable to the Board
2. NCLEX Examination Registration to Pearson Professional Testing: $200 fee payable to NCLEX®
3. Criminal Background Check:
   1. Pursuant to SDCL 36-9-97, ARSD 20:48:03:01:01, ARSD 20:48:05:01, ARSD 20:48:03:01, ARSD 20:48:03:07, and ARSD 20:48:03:08 each applicant for initial licensure is required to submit a full set of fingerprints with completed application to obtain a state and federal criminal background check.
   2. Please contact the South Dakota Board of Nursing to request your criminal background check packet.
   3. The fingerprint cards you receive from the SDBON **must** be the cards you use for fingerprints, since specific agency data are pre-printed on them.
   4. Contact your local law enforcement agency for fingerprinting.
   5. Send to the SD Board of Nursing office your completed fingerprint cards and a separate check or money order for $43.25 payable to: South Dakota Division of Criminal Investigation (DCI).
   6. Your application will not be processed and/or temporary license will **not** be issued until your completed application **and** fingerprint cards are received.
   7. You will **not** receive a permanent license until the fingerprint results from the Federal Bureau of Investigation (FBI) are received by the Board, approximately 1-2 weeks.
   8. Cards will be rejected if bent, folded, tampered with, stained, smeared, or stapled. If rejected, you will be notified to resubmit your cards.

The NCLEX registration fee of $200 is made payable to the NCSBN, not to the Board of Nursing. Refer to your NCLEX Candidate Bulletin for payment information. Do not send the NCLEX fee to the Board; the Board will not forward fees on your behalf.

An application is null one year following the date that it was accepted by the Board. Fees are non-refundable.

NAME AND ADDRESS CHANGES: If your name changes, submit legal proof, such as a copy of a marriage certificate or court order, to the Board. The Board will change your NCLEX® registration information to reflect your new name. If a change occurs in any information after you submit your application, send written notification to the Board as soon as possible. The Board will also update your address, email, or telephone information upon written notification. The Board will send official notification of exam results and licensure to the applicant address found on the NCLEX registration unless notified in writing of an alternate address.

REQUEST FOR ACCOMMODATIONS: Candidates with disabilities requiring modification to their examination must provide written notification to the Board *prior to* NCLEX Examination Registration. Your letter must address the specific testing accommodations you require. You must also arrange for:

- A letter from your nursing school indicating what modifications were granted by the program, and
- A letter from an appropriate professional providing specific identification of a disability that would require accommodations.

ELIGIBILITY REQUIREMENTS: The applicant is responsible for requirements. The Board will determine eligibility after receipt of:

- Application for Licensure by Examination and all fees
- Legal documentation (as required)
- Certificate of Nursing Education completed by your nursing program
- Official transcripts from your school's Registrar (N/A for SD nursing program graduates, whose nursing program director will furnish the Certificate of Nursing Education on your behalf)
- NCLEX Registration (as verified by the SD Board of Nursing)

When you have met all eligibility requirements, an Authorization to Test (ATT) will be issued by Pearson Professional Testing.

TESTING PERIOD: The ATT is valid for 90 days; no extension will be granted. Once you have received your ATT, the applicant is solely responsible to schedule the examination date with Pearson Professional Testing, following the instructions provided with the ATT notification. **The Board of Nursing does not schedule examinations.** The Board recommends that you provide an email address upon registration to allow for rapid delivery of ATT following the Board's declaration of NCLEX eligibility. If you do not have an ATT and require a review of your application package, please contact the Board.

OFFICIAL NOTIFICATION: About ten business days after you have taken the NCLEX, results will be mailed to you by the Board. If you passed, your nursing license will accompany your NCLEX results. If you did not pass, you will receive a Request to Reapply for Licensure by Examination and a diagnostic profile to help you understand your performance on the NCLEX.

TEMPORARY PERMIT APPLICATION: **South Dakota law regulating nursing is mandatory**. It is illegal to practice as a nurse without a current license or a valid Temporary Permit. There is no provision in law to use the title "graduate nurse". A Temporary Permit requires use of the title Registered Nurse Applicant (RN App).
Temporary Permit is available only for a first-time NCLEX writer who has fulfilled eligibility requirements, is non-renewable, and valid for 90 days or until written notification of NCLEX testing results is received by the applicant. The ATT from Pearson Professional Testing and your Temporary Permit should be issued within days of each other, allowing you to practice under the Temporary Permit while you schedule and take your NCLEX exam. The

Temporary Permit must be presented to your employer; such permits are issued for use in one specific facility only. Specific limitations on the scope of practice for RN Applicants holding Temporary Permits are in place; review limitations on the face of your Permit carefully. Failure on the NCLEX terminates the right to practice nursing; those applicants failing the NCLEX must return the Temporary Permit to the South Dakota Board of Nursing.
Residents of other Nurse Licensure Compact states are eligible to practice in South Dakota with a current nursing license issued by their state Board. No Temporary Permits to practice in South Dakota are issued to residents of other Compact States. See www.ncsbn.org.

EXAMINATION PREPARATION: National Council of State Boards or Nursing has extensive information on the NCLEX at www.ncsbn.org. For a better understanding of the computer adaptive examination, please review the provided information. NCSBN also sponsors an online review course for NCLEX candidates. Information on the online course is available at www.learningext.com.

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APPLICATION FEE
$100

APPLICATION FOR REGISTERED NURSE LICENSURE BY EXAMINATION

South Dakota is a member of the Nurse Licensure Compact; you are not eligible for nurse licensure in South Dakota if your primary state of residence is another Compact State. Please see www.ncsbn.org for more information or for a current list of Compact States.

Falsification or omission of information may be used by the South Dakota Board of Nursing as a basis for disciplinary action.

Type or print clearly in black ink ▪ Provide all information ▪ Incomplete applications are returned ▪ Do not use initials or abbreviations

LAST NAME	FIRST NAME		MIDDLE NAME
MAIDEN NAME	OTHER LAST NAME(S)		BIRTH DATE: MONTH/DAY/YEAR
ADDRESS			EMAIL
CITY	STATE	ZIP	TELEPHONE ( )
SS#:	US CITIZEN: ❒YES ❒NO	❒ MALE ❒ FEMALE	OTHER TELEPHONE ( )

ETHNICITY: ❒Caucasian ❒Black ❒Hispanic ❒Asian/Pacific Islander ❒American Indian/Alaskan Native ❒Other

HIGH SCHOOL: NAME , CITY, AND STATE	❒DIPLOMA – YEAR: ❒GED – YEAR:
SCHOOL OF NURSING: NAME, CITY, AND STATE	DEGREE TYPE : ❒ DIPLOMA PRACTICAL NURSING ❒ OTHER:
DATE ENTERED: DATE COMPLETED: OR ANTICIPATED DATE OF COMPLETION:	

Have you ever applied for Practical Nurse licensure by examination in another state?	❒YES ❒NO	If "YES," where? Please explain.
Have you ever taken the NCLEX®-PN or other nurse licensure examination in any state?	❒YES ❒NO	If "YES," where? Please explain.

DISCIPLINARY INFORMATION

1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations? **If YES, provide a signed and dated explanation. You must also submit copies of charges or citations and ALL communications with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements.**	❒YES ❒NO
2. Is there any pending criminal prosecution against you which would constitute a felony?	❒YES ❒NO
3. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	❒YES ❒NO
4. Has any nursing license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?	❒YES ❒NO
5. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?	❒YES ❒NO
6. Have you ever been subject to proceedings by a professional society to revoke, reduced, or restrict membership?	❒YES ❒NO
7. Have you ever been treated for abuse or misuse of any alcohol or chemical substance?	❒YES ❒NO
8. Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?	❒YES ❒NO
9. Do you currently owe child support arrearages in the amount of $1000 or more?	❒YES ❒NO

For 2-9 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and events. You must also send ALL supporting applicable documents.

DECLARATION OF PRIMARY STATE OF RESIDENCE – AND – AFFIDAVIT

❒ I declare that my primary state of residence (where I hold a driver's license, pay taxes, and or/vote) is _____.
This is my "home state" under the Nurse Licensure Compact and is my "declared fixed permanent and principal home for legal purposes."

- OR -

❒ I am employed by the federal government, and so am not affected by the Nurse Licensure Compact requirements regarding Primary State of Residence. Name of employer:_____.

I further declare and affirm under penalties of perjury that this application for nurse licensure in South Dakota has been examined by me, and, to the best of my knowledge and belief, is in all things true and correct.

Applicant Signature: _____ Date: _____.

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APPLICATION FEE
$100

REQUEST TO **REAPPLY** FOR REGISTERED NURSE LICENSURE BY EXAMINATION

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LAST NAME	FIRST NAME		MIDDLE NAME
MAIDEN NAME	OTHER LAST NAME(S)		BIRTH DATE: MONTH/DAY/YEAR
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SS#:	US CITIZEN: ❒YES ❒NO	❒ MALE ❒ FEMALE	OTHER TELEPHONE ( )
ETHNICITY: ❒Caucasian ❒Black ❒Hispanic ❒Asian/Pacific Islander ❒American Indian/Alaskan Native ❒Other			
HIGH SCHOOL: NAME , CITY, AND STATE			❒DIPLOMA – YEAR: ❒GED – YEAR:
SCHOOL OF NURSING: NAME, CITY, AND STATE			DEGREE TYPE : ❒ DIPLOMA PRACTICAL NURSING ❒ OTHER:
DATE ENTERED:	DATE COMPLETED: OR	ANTICIPATED DATE OF COMPLETION:	

Have you ever applied for Practical Nurse licensure by examination in another state?	❒YES ❒NO	If "YES," where? Please explain.
Have you ever taken the NCLEX®-PN or other nurse licensure examination in any state?	❒YES ❒NO	If "YES," where? Please explain.

DISCIPLINARY INFORMATION

1. Have you ever been convicted, pled no contest/nolo contendere, pled guilty to, or been granted a deferred judgment or suspended imposition of sentence with respect to a felony, misdemeanor, or petty offense other than minor traffic violations? **If YES, provide a signed and dated explanation. You must also submit copies of charges or citations and ALL communications with (to and from) the citing agency AND the court of jurisdiction, including evidence of completion/compliance with court requirements.**	❒YES ❒NO
2. Is there any pending criminal prosecution against you which would constitute a felony?	❒YES ❒NO
3. Are you currently being investigated or is disciplinary action pending against any professional license(s) or certificate(s) held by you?	❒YES ❒NO
4. Has any nursing license or certificate ever held by you in any state or country been denied, revoked, suspended, stipulated, placed on probation, or otherwise subjected to any type of disciplinary action?	❒YES ❒NO
5. Have you ever had privileges revoked, reduced, or otherwise restricted at any hospital or other healthcare provider entity?	❒YES ❒NO
6. Have you ever been subject to proceedings by a professional society to revoke, reduced, or restrict membership?	❒YES ❒NO
7. Have you ever been treated for abuse or misuse of any alcohol or chemical substance?	❒YES ❒NO
8. Have you ever experienced a physical, emotional, or mental condition that has endangered the health or safety of persons entrusted in your care?	❒YES ❒NO
9. Do you currently owe child support arrearages in the amount of $1000 or more?	❒YES ❒NO

For 2-9 above, provide an explanation for each YES response on a separate piece of paper, with a complete description of dates and events. You must also send ALL supporting applicable documents.

DECLARATION OF PRIMARY STATE OF RESIDENCE – AND – AFFIDAVIT

❒ I declare that my primary state of residence (where I hold a driver's license, pay taxes, and or/vote) is _____.
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I further declare and affirm under penalties of perjury that this application for nurse licensure in South Dakota has been examined by me, and, to the best of my knowledge and belief, is in all things true and correct.

Applicant Signature: _____ Date: _____.

CERTIFICATE OF NURSING EDUCATION

This certificate is to be completed in black ink and signed by the Director of the School of Nursing from which the applicant graduated.

Graduate: _____ SS#_____

Nursing Program_____
NAME OF NURSING PROGRAM CITY
STATE

Admission Date ____/____/____

Completion / Graduation Date ____/____/____

The program included theory and clinical experience in:
- ❒ Adult Health Nursing
- ❒ Maternal Child Nursing
- ❒ Geriatric Nursing
- ❒ Mental Health Nursing
- ❒ Psychiatric Nursing
- ❒ Community Health Nursing
- ❒ Other

Was the nursing program state-approved when the applicant graduated? ❒Yes ❒No

Was high school completion verified? ❒Yes ❒No
If yes, by what means?
- ❒ High School Diploma
- ❒ GED

Degree granted:
- ❒ Diploma/Certificate in Practical Nursing
- ❒ Associate Degree in Nursing
- ❒ Diploma in Nursing
- ❒ Baccalaureate in Nursing
- ❒ Other: _____

I hereby certify that the foregoing statements are correct as shown on the records of the above named individual on file in the school of nursing. I recommend her (him) for examination and State Licensure.

_____
SIGNATURE OF DIRECTOR OR DEAN OF NURSING PROGRAM

_____
DATE

PLACE SCHOOL SEAL HERE

FOR BOARD USE ONLY

License Number _____

Date Licensed _____

Date(s) Written _____

_____

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